

Questions Related to Request for Proposal (RFP) #HP632209, Maricopa County Managed Behavioral Health Care¹

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Question 1	<p>Is pharmacy utilization data broken down at the product and/or recipient level in any of the files? I've found a line item in the financial reports, which appears to be rolled up by recipient type (e.g., Title XIX Child SMDP).</p> <p><u>Yes. Product (NDC code) and recipient summary (Dummy ID) level information are provided in the encounter files for pharmacy data.</u></p> <p>Also, can the PDFs be provided in an excel format?</p> <p><u>No.</u></p>	Data Files
Question 2 B(2)f - Proposal Format, p. 10	<p>Is it acceptable to submit some attachment materials in Adobe Acrobat if they are not available in a Microsoft file format?</p> <p><u>No, please provide all materials in Microsoft file formats.</u></p>	Data Files
Question 3 J - Responding to the RFP, p. 14	<p>The RFP states that “deviations will be evaluated based on the significance and nature of the deviation from a requirement”. Will the state confirm that if the offeror chooses to “disagree” with a Scope of Work or Special Terms and Conditions section, that the “disagree” will not be evaluated?</p> <p><u>Per the Special Instructions, page 14, J. Responding to the RFP, Deviations will be evaluated based on the significance and nature of the deviation from the requirement.</u></p> <p>Will the State provide more specific evaluation criteria other than “deviations will be evaluated based on the significance and nature of the deviation from a requirement”?</p> <p><u>The evaluation criteria provided in the Special Instructions is all that is being provided.</u></p>	Special Instructions
Question 4 M - Evaluation Process, p. 16	<p>Will the State use a best and final offer (BAFO) process? If yes, will the state issue a contract amendment that affirms the use of a BAFO process and describes the evaluation criteria?</p> <p><u>The Best and Final process has been changed in the Arizona Procurement Rules and Regulations R2-7-C315, Final Proposal Revisions as of April 2006. This process still remains a component of the evaluation process and may or /may not be utilized by the evaluation team during the evaluation process. An amendment as to the use of this process will not be posted.</u></p>	Special Instructions
Question 5 C.2.a.-I, C.7.a.i-, C.7.e.-f., D.1.a.-2.q., D.3.a.-d.xviii, D.4.a.-c.viii, and D.5.i-xix, - As it relates to new facilities and services, Various pages	<p>Will additional funding be considered for expansion of services and facilities including 2 PRCs, 1 detoxification facility, new respite beds, increased ACT teams, and housing services for non-housing entitled behavioral health recipients?</p> <p><u>See the Rate Setting Methodology in the Maricopa County Behavioral Health Services RFP Databook.</u></p>	Scope of Work
Question 6 C.6. Integration of Behavioral Health with Primary Care Physicians/Practitioners and Collaboration with AHCCCS Health Plans, p. 36	<p>Paragraph one of this section refers to an ISA between AHCCCSA and ADHS and governing regulations concerning confidentiality and sharing of health information. Can you please provide a link to this document?</p> <p><u>See the Documents Incorporated By Reference number 54 on page 179.</u></p>	Scope of Work

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Question 7 C.7.e. iii Housing, p. 46	<p>Does the state have, and will they provide, a list of all properties, addresses, dates of purchase, restrictions, and term dates, for housing units purchased/leased/acquired through the use of HB 2003, Arnold vs. ADHS and the ComCare Trust?</p> <p><u>The state has and will provide to the successful Offeror a list of all properties, addresses, dates of purchase, restrictions, and term dates for housing units purchased/leased/acquired through the use of HB 2003, Arnold vs. ADHS and the ComCare Trust.</u></p> <p>What is the financial status of the ComCare Trust</p> <p><u>The financial status of the ComCare Trust can be discussed after the contract is awarded</u></p> <p>and what will the role be of the successful offeror regarding the ComCare Trust?</p> <p><u>See Special Terms and Conditions section J. Behavioral Health Trust page 190 for the role of the successful Offeror regarding the ComCare Trust.</u></p>	Scope of Work
Question 8 C.7.e. iii Housing, p. 46	<p>Will the state provide a definition of housing services?</p> <p><u>“Housing Services” means services provided to assist individuals or families to obtain and maintain housing in the community. Housing Services includes homes or apartments that are owned, leased or subsidized with funds provided by ADHS. Housing Services may also include rent and utility subsidies, eviction prevention initiatives and relocation services to a person or family for the purpose of securing and maintaining housing.</u></p>	Scope of Work
Question 9 C.7 iii Housing, p. 47	<p>Is it an expectation that the housing subcontractor is to monitor the behavioral health service component of Level II and Level III OBHL Licensed residential programs as part of a semi-annual monitoring plan?</p> <p><u>No.</u></p>	Scope of Work
Question 10 C.8.c Case Management and Clinical Liaison, p. 52	<p>Does the provision of segregated case management services to persons with SMI refer to services provided by a case manager only, or services provided by the case manager, prescriber, RN and clinical liaison?</p> <p><u>The provision of segregated case management services to persons with SMI refers to services provided by the person's assigned case manager.</u></p> <p>In addition, are all members of the ACT Team to be employed by one organization?</p> <p><u>All members of the ACT Team are to be employed or contracted by one organization.</u></p>	Scope of Work
Question 11 C.9. PNO Service Delivery Requirements for Services Delivered to Children, and Definitions, p. 55 & 273	<p>The description of what constitutes a Children's PNO as contained in paragraph C.9.a., specifically that all current Comprehensive Service Providers are provider network organizations, contradicts the definition contained on page 273. Will the state please clarify the State's definition as to what constitutes a Children's PNO?</p> <p><u>“Children's PNO” means an entity comprised of providers that enroll behavioral health recipients and collectively deliver a continuum of covered behavioral health services throughout Maricopa County to children and families pursuant to an individualized comprehensive service plan.</u></p>	Scope of Work

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Question 12 M.1. Title XIX, Title XXI, Non-Title XIX and Non-Title XXI Payments; and G.7. Finance and Rates, p. 156 & 228	Section M.1. states that "the Contractor shall receive...payments as set forth in the Capitation Rates Table, attached as Exhibit B, for services performed under this Contract." G.7. allows the offeror to choose to accept the capitation rates presented in Exhibit B or accept the rates the ADHS would otherwise develop in its customer rate development process concluding in May 2007. Will the offeror's response to G.7. prevail? <u>The Offeror's response to G.7. will prevail.</u>	Scope of Work
Question 13 M.2. Implementation Period and Plan, p. 192	The RFP states that the contractor shall develop a comprehensive written implementations plan...no later than 14 days from the Notice of Contract Award." Will the state comment on the length of the implementation plan and level of detail included in the implementation plan? <u>No.</u>	Scope of Work
Question 14 F.9.d. Managing Care, p. 225	The RFP uses the term "special populations". Who is the state referring to when using this phrase? <u>See the ADHS/DBHS Provider Manual Section 3.19 Special Populations.</u>	Proposal Content
Question 15 Databook: Eligibility and Demographic data	There appears to be duplication of client ID numbers. Should each record be taken as a unique eligible member, or is there a way to distinguish what appears to be duplicate ID numbers? <u>Each record represents a unique client. Actual client ID numbers are not provided in the file; instead dummy IDs were randomly assigned to each client.</u>	Data File
Question 16	Why are vendors paid on the number of eligibles rather than the number of members they enroll? <u>See the AHCCCS/ADHS Contract which is a document incorporated by reference.</u>	Procurement / Process
Question 17	When will the contract be awarded? <u>It is anticipated that a contract may be awarded sometime in May 2007.</u>	Procurement / Process
Question 18	Does the 4% gain limit include the 1% incentive payment? <u>No.</u>	Scope of Work
Question 19	How many Title XIX non-SMI eligibles are there? <u>See the ADHS/DBHS Enrollment-Penetration Report in the Maricopa County Behavioral Health Services RFP Databook.</u>	Title 19
Question 20	How many Title XIX SMI eligibles are there? <u>See the ADHS/DBHS Enrollment-Penetration Report in the Maricopa County Behavioral Health Services RFP Databook.</u>	Title 19
Question 21	How will vendors be reimbursed for non title XIX and non title XXI, based on the number of eligibles, or enrollees? <u>Vendors are paid in 1/12th prospective installments based on the amount of Non Title XIX/XXI dollars allocated to the vendor, not on the basis of the number of eligibles or enrollees. See the Allocation Schedules in the Maricopa County Behavioral Health Services RFP Databook.</u>	Title 19

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Question 22	What will the rates be for the non title XIX and non title XXI beneficiaries? <u>Rates are not set for Non Title XIX/XXI beneficiaries. Please see the answer to question 21 above.</u>	Title 19
Question 23 Page 1, RE: Cover Page	The Pre-Offer Conference is scheduled almost six weeks after the RFP Issue Date. Is it possible to schedule the pre-offer sooner? <u>No.</u>	Procurement/ Process
Question 24 Pages 10, 228 and 255-6. RE: Special Instructions Paragraph D. Completed Price Sheet; Proposal Content Paragraph G, Item 7; and Attachment D	The text on page 10 states that Attachment D is to be completed. Page 228, item 7 states, "Provide a statement that the Offeror has chosen to either accept the capitation rates presented in Exhibit B- Capitation Rates. . ." Page 255, Attachment D, is the capitation rate schedule and there does not appear to be any information requested from Offerors. Page 256, also identified as Attachment D, is a questionnaire/form regarding MBE/WBE/Small Business status. There is also an Exhibit B: Capitation Rates. Please clarify how Attachment D is to be included in the proposal. <u>Please include Attachment D in its entirety and complete the requested information on page 2 of Attachment D.</u>	Special Instructions
Question 25 Pages 18 and 32-3. RE: Scope of Work, Paragraph A Introduction, 2.c.; and Paragraph C Covered Behavioral Health Services and Managed Care Service Delivery, 3.b.	Page 18 states, "Specifically, the contractor shall: ., c. subcontract for and oversee the administration of the following services: . ." Page 32 states, "The Contractor shall deliver and administer the following:..." Please clarify the statements subcontract for and oversee and deliver and administer. <u>The Contractor shall establish, operate, monitor and manage the following:</u> <ul style="list-style-type: none"> <u>i. Correctional Officer/Offender Liaison (COOL) Program Contract Administration;</u> <u>ii. Housing Development and Management Contract Administration;</u> <u>iii. Employment Development and Management Contract Administration;</u> <u>iv. Maricopa County Jail Diversion Program and Mental Health/Drug Court Program Administration;</u> <u>v. Pharmacy Benefits Management Administration;</u> <u>vi. Laboratory and Radiology Services Contract Administration;</u> <u>vii. PASRR Evaluation Contract Administration;</u> <u>viii. Sign Language, Translation and Interpretation Contract Administration; and</u> <u>ix. SAPT Block Grant and CMHS Block Grant Administration.</u> <u>The Contractor may subcontract with providers for delivery of services related to items i. through ix. above; however, the programs/services/grants will be managed by the Contractor and not through a PNO or the Crisis Response Network.</u>	Scope of Work
Question 26 Pages 18-19, 30, 32, 42 and 45. RE: Scope of Work, Paragraph A Introduction and Background, 2.h.; and Scope of Work Paragraph C Covered Behavioral Health Services and Managed Care Service Delivery, 2, 3, and 7.d	Page 18-19 states, "Specifically, the Contractor shall:... h. for the duration of the Contract, conduct Eligibility Determination Assessments to determine if individuals meet the statutory criteria for having a serious mental illness:..." It is our understanding that there is not an Eligibility Determination Assessment, but rather an assessment is used for making an eligibility determination. Page 30 states, "The Contractor, Provider Network Organizations (PNOs) or qualified service providers shall complete a comprehensive assessment for each enrolled behavioral health recipient..." Page 32 states, "ADHS intends through this Contract, to separate the provision of direct service delivery from the behavioral health managed care vendor." Page 45 states, "Serious Mental Illness Eligibility Determination Assessments - The Contractor shall	Scope of Work

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	<p>conduct eligibility assessments to determine if an adult meets the statutory criteria for serious mental illness services. The contractor shall conduct assessments in compliance with the Serious Mental Illness Eligibility Determination Policy..."</p> <p>Please clarify if it is intended that the RBHA conduct assessments?</p> <p><u>The RBHA and/or qualified service providers may conduct assessments.</u></p> <p>Would it be permissible for providers to conduct assessments that would be used by the RBHA to make eligibility determinations?</p> <p><u>Yes. See Provider Manual Section 3.10 SMI Eligibility Determination.</u></p>	
<p>Question 27</p> <p>Page 41. RE: Scope of Work Paragraph C Covered Behavioral Health Services and Managed Care Service Delivery, 7.a</p>	<p>Page 41 states, "... the Contractor shall coordinate with... to determine if the individual is eligible for Title XIX and Title XXI services or eligible for services for person with serious mental illness, but not yet enrolled. If so, the contractor shall conduct an evaluation to determine if the person meets the criteria for serious mental illness and arrange for..."</p> <p>Please clarify regarding how the Contractor is to coordinate with the PNO to determine a person's eligibility for services for persons with a serious mental illness prior to conducting an eligibility determination.</p> <p><u>When the PNO is delivering services to a person who has not been determined to have a serious mental illness, and the PNO has information indicating that the person may have a serious mental illness, the PNO and the Contractor must coordinate to ensure the behavioral health recipient is assessed for SMI eligibility determination and medically necessary covered behavioral health services.</u></p>	<p>Scope of Work</p>
<p>Question 28</p> <p>Page 42. Re: Scope of Work Paragraph C Covered Behavioral Health Services and Managed Care Service Delivery, 7.a.</p>	<p>Page 42 states, "The Crisis Response Network shall share information with fire, police, hospital emergency departments, and other emergency providers as permitted by Federal and State laws regarding confidentiality.</p> <p>Please clarify the expectation regarding the types and extent of individual behavioral health recipient information that is to be provided to emergency service providers.</p> <p><u>See the ADHS/DBHS Provider Manual 4.1 Disclosure of Behavioral Health Information.</u></p>	<p>Scope of Work</p>
<p>Question 29</p> <p>Pages 210-239. RE: Proposal Content</p>	<p>Is it permissible for an Offeror to submit an interactive video that demonstrates the data management system including the electronic medical record?</p> <p><u>No. Please submit only the requested materials.</u></p>	<p>Proposal Content</p>
<p>Question 30</p> <p>Pages 18-20. RE: Scope of Work A. Introduction And Background, 2.m.</p>	<p>Page 18-20 states, "Specifically, the Contractor shall:... m. establish and implement a shared database accessible to ADHS, the Contractor, PNOs, and qualified service providers that contains real time information by zip code on outpatient appointment availability.. , "</p> <p>Please clarify. For example, should the data base also contain appointment availability for support services or is this referring to traditional treatment (e.g. counseling) services only?</p> <p><u>Outpatient appointment availability includes all covered behavioral health services available on an outpatient basis.</u></p>	<p>Scope of Work</p>

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<p>Question 31</p> <p>Page 26. RE: Scope of Work B. Overview of Arizona's Behavioral Health System, 2.b.</p>	<p>Page 26 states, "Non-Title XIX and Non-Title XXI Populations - To the extent that funding is available and allocated to the Contractor, the Contractor is responsible for providing behavioral health services to the following five populations: i. Non-Title XIX persons determined to have a serious mental illness:..."</p> <p>Please clarify if the Contractor has the ability to limit services based on availability of funding for this population.</p> <p><u>See ADHS Provider Manual Section 3.21.</u></p>	<p>Scope of Work</p>
<p>Question 32</p> <p>Page 32-34 and 39-40 RE: Scope of Work, Paragraph A Introduction, 2.c.; and Paragraph C Covered Behavioral Health Services and Managed Care Service Delivery, (3.a. iv.i) and 3)] and {4.a. ji and iii].</p>	<p>Page 32 states, "The Contractor shall directly perform the following managed care services and other related program administrative function: ... iv. Network Development and Management including 1) Crisis Response Network,... 3) Qualified Service Providers, including Level I Inpatient Hospitals, Level I Subacute Facilities..."</p> <p>Page 34 states, "The Crisis Response Network shall provide the following services: " ii. Level I Crisis Stabilization Services... iii. Pre-petition Screening and Court-Ordered Evaluations"</p> <p>Please clarify if the Contractor is to contract with Level I Subacutes (provider Type BS and B6) both through the Crisis Network and directly.</p> <p><u>The Contractor shall contract with Level I Subacutes for detoxification and psychiatric inpatient services (B5 and B6). The Crisis Response Network shall not contract with Level I Subacutes for detoxification and psychiatric inpatient services (B5 and B6).</u></p> <p>Please clarify if the Contractor is to contract with Level I Subacutes (provider Type BS and B6) directly and have the CRN contract with Level I Crisis Services (Provider Type B7).</p> <p><u>The Contractor shall contract with Level I Subacutes for detoxification and psychiatric inpatient services (B5 and B6). The Contractor shall not contract with Level I Crisis Services providers (B7). The Crisis Response Network shall contract with Level I Crisis Service (B7) providers.</u></p> <p>Please clarify regarding the ability of the Crisis Response Network to perform Court-Ordered Evaluations in Level I Inpatient facilities given that the Contractor will directly contract with Level I Inpatient facilities.</p> <p><u>The Crisis Response Network shall have the ability to perform Court Ordered Evaluations in Level I Inpatient facilities.</u></p>	<p>Scope of Work</p>
<p>Question 33</p> <p>Page 32. RE: Scope of Work Paragraph C Covered Behavioral Health Services and Managed Care Service Delivery, 3.a.; and Paragraph D Network Development, 6</p>	<p>Page 32 states, "The Contractor shall directly perform the following managed care services and other related program administrative functions: i. Credentialing and Privileging..."</p> <p>Page 78 states, "Unless approved in advance by ADHS, the Contractor shall not delegate. .credentialing and privileging of providers.</p> <p>Please clarify if credentialing and privileging can be delegated to providers who want to perform this function.</p> <p><u>Credentialing and privileging shall not be delegated to providers who want to perform the function unless approved in advance by ADHS.</u></p>	<p>Scope of Work</p>

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Question 34 Page 34 and 40. RE: Scope of Work Paragraph C Covered Behavioral Health Services and Managed Care Service Delivery, 4.b and 7.a.	Page 34 states, "The Crisis Response Network shall provide the following services: 1. Crisis intervention and resolution via 1) Telephone. . . " Page 34 states, "The PNOs shall be the first to respond to enrolled behavioral health recipients experiencing a behavioral health crisis, but shall not be responsible for inpatient services or mobile crisis response." Page 40 states, "The Contractor shall require the Crisis Response Network to maintain... with one (1) toll-free crisis telephone number. The crisis telephone number shall be widely publicized within the GSA, ..." Please provide clarification of the PNOs as first responders and ADHS' intention of how this is to interface with the one toll-free crisis telephone number that is to be operated by the CRN. <u>PNOs are responsible for delivering covered behavioral health services to behavioral health recipients.</u>	Scope of Work
Question 35 Page 36. RE: Scope of Work Paragraph C Covered Behavioral Health Services and Managed Care Service Delivery, 6.6	Page 36 states, "The Contractor shall provide training on and require its subcontracted PNOs and qualified service providers to adhere to the requirements of the AHCCCS/ADHS Psychotropic Medication Initiative. The training. . . shall include procedures to ensure that behavioral health recipients do not simultaneously receive psychotropic medications from both a behavioral health provider and the health plan Primary Care Physician/Practitioner." Will ADHS/AHCCCS provide a tape exchange as in the past or some other means to ensure that the Contractor is aware of behavioral health recipients who are receiving psychotropic medications from the health plan Primary Care Physician/Practitioner? <u>No.</u>	Scope of Work
Question 36 Pages 123 -130 and 212. RE: Scope of Work Paragraph I - Administrative Structure and Organization, 1. a-c; and Proposal Content A.4.	Page 212 states, "4. Submit current resumes of proposed Key Personnel. . . " Please clarify if only key personnel resumes are to be submitted or if resumes are to be submitted for all key personnel, organizational staff members and liaisons as described on pages 123-130. <u>Submit resumes for key personnel, organizational staff members and liaisons as described on pages 123 – 130.</u>	Scope of Work
Question 37 Page 39. RE: Scope of Work Paragraph C Covered Behavioral Health Services and Managed Care Service Delivery, 7.a.v.	Page 39 states, "The Contractor shall at a minimum, develop and maintain the following services... v. twenty (20) facility- based respite beds and twenty (20) in-home respite beds:..." Per the Covered Services Guide, the 720 hour or 30 day limitation applies to the HCPCS codes. Please clarify the provider type that respite beds are to be billed under. <u>Please see the ADHS Covered Service Guide for a listing of the provider types that can bill respite services.</u> Please provide clarification regarding the payment of respite services given the 720 hour limitation for respite services. <u>The Contractor is paid through Title XIX/XXI capitation payments and 1/12th prospective payment of Non-Title XIX/XXI dollars on a monthly basis.</u>	Scope of Work

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	<p>Please provide clarification regarding the payment of respite services upon a Title XIX / XXI behavioral health recipient exceeding the limitations.</p> <p><u>The Contractor is paid through Title XIX/XXI capitation payments and 1/12th prospective payment of Non-Title XIX/XXI dollars on a monthly basis.</u></p>	
<p>Question 38</p> <p>Page 52 and 58. RE: Scope of Work Paragraph C Covered Behavioral Health Services and Managed Care Service Delivery, 8.c and 9.d</p>	<p>Page 52 states, "The Contractor shall require each PNO to directly provide case management services through case managers assigned to each person with a serious mental illness. The Contractor shall require the PNO to segregate the delivery of case management services from all other services delivered by the PNO."</p> <p>Page 58 states, The Contractor shall require each Child's PNO to employ case managers to deliver case management services to Title XIX and Title XXI eligible High Complexity / High Intensity Children... The Contractor shall require the Children's PNO to segregate the delivery of case management services from all other services delivered by the Children's PNO."</p> <p>Please clarify what is meant by segregate case management services.</p> <p><u>Case management services are delivered to persons with serious mental illness and high complexity/high intensity children by case managers employed or contracted by the PNO. The PNO may subcontract with a single qualified service provider that delivers case management services through assigned case managers to persons with serious mental illness and a single qualified service provider that delivers case management services through assigned case managers to high complexity/high intensity children. If the PNO delivers covered behavioral health services other than case management services, the PNO must organize its service delivery so that case management services delivered by a case manager are separate from the part of the PNO organization that delivers services other than case management.</u></p>	<p>Scope of Work</p>
<p>Question 39</p> <p>Page 46. RE: Scope of Work Paragraph C Covered Behavioral Health Services and Managed Care Service Delivery, 7.e.</p>	<p>Page 46 states, "The Contractor shall develop and manage housing services for behavioral health recipients with a serious mental illness (Title XIX/XXI and Non-Title XIX), Title XIX/XXI general mental health and substance abuse behavioral health recipients and Title XIX/XXI transition youth, i.e. youth ages 18 through 24 years inclusive."</p> <p>Please provide clarification regarding the available Non-Title XIX/XXI funding that is to be allocated to the Non-SMI populations as housing is not reimbursable by Title XIX or Title XXI.</p> <p><u>Housing services for Non-SMI populations would be delivered as funding becomes available.</u></p>	<p>Scope of Work</p>
<p>Question 40</p> <p>Page 216. RE: Proposal Content B.8</p>	<p>Page 216 states, "8. Indicate whether the Offeror has received a Notice to Cure, Corrective Action Plan, or other written notification that Offeror's performance for a public sector, managed care contract required corrective action..."</p> <p>Please clarify if ADHS is wanting information at the individual behavioral health recipient level (e.g. grievance and appeals) or for the system level issues only.</p> <p><u>ADHS is requesting information regarding system level and/or individual behavioral health recipient issues that resulted in a customer requiring a Corrective Action Plan or sending a Notice to Cure to the Offeror to obtain satisfactory resolution. The Offeror's response should not include corrective action plans generated and resolved by the Offeror in response to a grievance, appeal or other routine quality improvement activity.</u></p>	<p>Proposal Content</p>

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<p>Question 41 Page 102. RE: Scope of Work Paragraph Customer Service, 5</p>	<p>It appears there are two different standards/thresholds regarding when vital materials should be translated.</p> <p>Is there a distinction between translating materials and vital materials as required by the current RBHA contract?</p> <p><u>Scope of Work Section F. Customer Services 5. Member Information 2nd paragraph is replaced in it's entirety by the following:</u></p> <p><u>All materials shall be translated into another language when the Contractor is aware that the other language is spoken by three thousand (3,000) or ten percent (10%), whichever is less, of the behavioral health recipients in a geographic region who also have Limited English Proficiency. All vital materials shall be translated into another language when the Contractor is aware that the other language is spoken by one-thousand (1,000) or five percent (5%), whichever is less, of the behavioral health recipients in a geographic region who also have Limited English Proficiency. Vital materials include, at a minimum, notices for denials, reductions, suspensions or terminations of services and consent forms.</u></p> <p><u>All written notices informing persons of their right to translation or interpretation services shall be translated when the Contractor is aware that one-thousand (1,000) or five percent (5%), whichever is less, of the behavioral health recipients in a geographic regions speak that language and have Limited English Proficiency.</u></p>	<p>Scope of Work</p>
<p>Question 42 Page 149. RE: Scope of Work Paragraph Management Information Systems, 2</p>	<p>Page 149 states, "The Contractor shall not pay for covered behavioral health services on claims that are initially submitted more than six (6) months after the date of service or six (6) months after the date of AHCCCS eligibility posting, whichever is later. In addition, the Contractor shall not pay clean claims that are received more than twelve (12) months after the date of service, or twelve (12) months after the date of AHCCCS eligibility posting, whichever is later."</p> <p>The after six or 12 month statements appear to be in conflict. Please clarify.</p> <p><u>See the ADHS/DBHS Program Support Procedures Manual.</u></p>	<p>Scope of Work</p>
<p>Question 43 Page 248. RE: Attachments and Exhibits, Attachment A</p>	<p>Is it ADHS' intention to exclude Title XXI from Attachment A?</p> <p><u>Yes.</u></p>	<p>Data Files</p>
<p>Question 44 Page 163. RE: Scope of Work, Para. M. Finance and Rates, 5</p>	<p>Page 163 states, "Notwithstanding the CircularA-133 regulations restricting the inclusion of Medicaid programs, the Contractor shall include Title XIX and Title XXI as major programs for the purpose of this Contract."</p> <p>Circular A-133 as published in the Federal Register June 27, 2003 notes the following: "Medicaid payment to a subrecipient for providing patient care services to Medicaid eligible individuals are not considered Federal awards expended under this part unless a State requires the funds to be treated as Federal awards expended because reimbursement is on a cost-reimbursement basis".</p> <p>Was the statement in the RFP intended to reference Title XXI?</p> <p><u>The statement is intended to reference both Title XIX and Title XXI.</u></p> <p>The Federal guidance seems to conflict with the RFP requirement. Please clarify the RFP requirement and provides reference to applicable audit guidance.</p> <p>Please clarify the requirements for subrecipients pursuant to inclusion of Title XIX and Title XXI as major</p>	<p>Scope of Work</p>

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	<p>programs. It would appear that a large majority of the providers would qualify as subrecipients and be subject to A-133 audit requirements. Was the administrative cost of such requirement considered in the AHCCCS rate determinations?</p> <p><u>7.5% of the Contractor's revenue is for administration and this would include any and all administrative requirements.</u></p>	
Question 45 Page 124. RE: Scope of Work Paragraph I-Administrative Structure and Organization 1.a. ii	<p>Page 124 states, "...additionally, the CMO shall be involved in:... ii. physician recruitment..." Given that the PNOs and CRNs will be developing their network, please clarify the role of the CMO in physician recruitment.</p> <p><u>The Contractor's CMO is responsible to recruit physicians to carry out the Contractor's functions and requirements.</u></p>	Scope of Work
Question 46 Page 125. RE: Scope of Work Paragraph I-Administrative Structure and Organization 1b.iii	<p>Page 125 states, "Assertive Community Treatment (ACT) Team Psychiatrist: each ACT Team psychiatrist..."</p> <p>Please clarify the inclusion of ACT Team Psychiatrists at the RBHA level given that services will be provided by PNOs.</p> <p><u>See the Network Transition section of the solicitation document, beginning on page 70.</u></p>	Scope of Work
Question 47 Page 175-180. RE: Special Terms and Conditions Paragraph e-Documents Incorporated by Reference 1	<p>Pages 175-180 contain documents that are specific to the operations of the Maricopa behavioral health system and others are partially or peripherally related. For example, the AHCCCSA Health Plan Psychiatric Medication Formulary by and entire AHCCCS Medical Policy Manual are not in their entirety applicable to the delivery or management of behavioral health services.</p> <p>Please clarify how to distinguish what the Contractor will be held accountable for under this contract as it relates to the Documents Incorporated by Reference that are not entirely associated with the management of the behavioral health delivery system?</p> <p><u>The Contractor shall be held accountable for the requirements contained in the documents that apply to the behavioral health system.</u></p> <p>Further, please provide information on ADHS' monitoring of the Contractor regarding these aforementioned Documents Incorporated by Reference.</p> <p><u>See the Scope of Work Section J Compliance.</u></p>	Special Terms and Conditions
Question 48 Pages 53 and 59. RE: Scope of Work Paragraph C Covered Behavioral Health Services and Managed Care Service Delivery, 8.e. and 91.	<p>Page 53 states, "The Contractor shall supplement the ADHS/DBHS Provider Manual template where applicable to require the PNOs to: ..."</p> <p>Page 59 states, "The Contractor shall require the Children's PNOs to create and implement policies and procedures that address..."</p> <p>Please clarify ADHS' intention for how the ADHS/DBHS Provider Manual is to be utilized by PNOs and throughout the system and how additional, if any, PNOs policies are to interface with the Provider Manual.</p> <p><u>Provider Network Organizations will utilize the Contractor-specific version of the Provider Manual for the provision of covered behavioral health services (see Scope of Work, Section C. Covered Behavioral Health Services and Managed Care Service Delivery, 1.c.). The Contractor may add Contractor-specific policies in Section 10 of the Provider Manual that the Contractor requires. Additionally, PNOs may add</u></p>	Scope of Work

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	<p><u>content to the Provider Manual to comply with the Office of Behavioral Health Licensure (OBHL) requirements (see ADHS/DBHS Policy Clarification Memorandum: Provider Manual OBHL Requirement Additions: http://www.azdhs.gov/bhs/provider/policy_memos.htm).</u></p> <p><u>Policies utilized by PNOs may be detailed and specific to requirements established by the Contractor; however, PNO policies must not be contrary or redundant to content already established in the ADHS/DBHS Provider Manual and Contractor edition of the Provider Manual.</u></p>	
<p>Question 49 Page 68. RE: Scope of Work Paragraph D - Network Development, 2.c and 3.b</p>	<p>Page 68 states, "The Contractor shall:... c. As of the contract Start Date, subcontract with qualified service providers to deliver covered behavioral health services to general mental health and substance abuse populations and to supplement services at the PNOs, including psychiatric inpatient hospitals;"</p> <p>Page 71 states, " b. Transition Stage II: Adults [GMH and SA]... Within thirty-six (36) months after the Contract Start Date, the Contractor shall require at the PNOs ... During the interim period when the PNOs are not delivering covered behavioral health services to the GMH and SA populations the contractor shall maintain a network of qualified service providers to serve these populations."</p> <p>Please clarify what is meant by to supplement services at the PNOs as of the Contract Start Date yet the GMH and SA populations will not be being served by the PNOs at the point of Contract Start.</p> <p><u>The solicitation allows for the GMH and SA populations to be included in the PNOs as of the Contract Start Date but in no case later than the end of the thirty-sixth month after the contract start date. Until the GMH and SA populations are served through PNOs, the Contractor shall maintain a network of qualified service providers to serve these populations.</u></p>	<p>Scope of Work</p>
<p>Question 50 Page 32 and 44. RE: Scope of Work Paragraph C Covered Behavioral Health Services and Managed Care Service Delivery, 3.a. viii, and 7.b</p>	<p>Page 32 states, "The Contractor shall directly perform the following managed care services... viii. Utilization Management (including Prior Authorization, Concurrent and Retrospective Review);..."</p> <p>Page 44 states, "The Contractor shall administer pharmacy benefits. The Contractor shall select a pharmacy benefits manager that provides best pricing and rebates for psychiatric medications purchased and report such rebates in accordance with the requirements set forth in the Financial Reporting Guide for Regional Behavioral Health Authorities. The Contractor shall maintain a formulary that ..."</p> <p>Please clarify that a Contractor can perform Utilization Management (including Prior Authorization, Concurrent and Retrospective Review) for medication services.</p> <p><u>See the ADHS/DBHS Provider Manual Section 3.14 Securing Services and Prior Authorization.</u></p>	<p>Scope of Work</p>
<p>Question 51 Page 111. RE: Scope of Work Paragraph G Management of Care, 4</p>	<p>Page 111 states, "The Contractor shall participate in the review of quality improvement findings and shall take action as directed by ADHS to improve the quality of care within the behavioral health system."</p> <p>Does the ADHS intend that the Contractor will only take action on quality improvement findings at the specific direction of ADHS?</p> <p><u>No.</u></p>	<p>Scope of Work</p>
<p>Question 52 Page 129. RE: Scope of Work Paragraph I- Administrative Structure and Organization 1b.xviii.</p>	<p>Page 129 states, "Corporate Compliance Administrator: ... The Corporate Compliance Administrator coordinates the Coordinates the Corporate Compliance Committee, oversees all audits related to Contract, regulatory and policy and procedures compliance and collaborates with the ADHS Fraud and Abuse program..."</p>	<p>Scope of Work</p>

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	<p>Please clarify the scope of the Corporate Compliance Administrator overseeing all audits related to Contract, regulatory and policy and procedures compliance and its relationship to provider monitoring.</p> <p><u>See Scope of Work I Administrative Structure and Organization 1.b.xviii.</u></p>	
<p>Question 53</p> <p>Page 157. RE: Scope of Work Paragraph M Finance and Rates, 1.a</p>	<p>Page 157 states, "The Contractor shall receive monthly capitation payments on the first day of the month for each AHCCCS Title XIX and Title XXI person..." Further on in the paragraph the text states, "The Contractor shall receive the monthly capitation payment on or before the tenth (10th) working day of the month. These two statements seem to be in conflict. The first sentence says payment on the first of the month, while the second statement says by the 10th of the month.</p> <p>Please clarify when payments will be made.</p> <p><u>Scope of Work Paragraph M Finance and Rates 1.a. Title XIX and Title XXI Capitation Payments first sentence is replaced in its entirety with the following:</u></p> <p><u>The Contractor shall receive monthly capitation payments based on the number of AHCCCS Title XIX and Title XXI persons eligible on the first day of the month.</u></p>	<p>Scope of Work</p>
<p>Question 54</p> <p>Page 129 and 142-143. RE: Scope of Work Paragraph I –Administrative Structure and Organization, 1b. xviii, and Paragraph J - Compliance, 1</p>	<p>Page 129 conveys the responsibilities of the Corporate Compliance Officer which reflect the requirements of the Medicaid Managed Care requirements for program integrity/fraud and abuse programs.</p> <p>Page 142 conveys the requirements related to the Corporate Compliance program. The majority of the requirements appear to be derived from the federal Medicaid Managed Care regulations for program integrity/ fraud and abuse programs. However, the Corporate Compliance program requirements on page 142 also included compliance requirements beyond fraud and abuse. Examples of the additional compliance include assurances of compliance with Arnold vs. ADHS and JK Settlement requirements.</p> <p>Please clarify If it is ADHS' intention to expand the requirements of the Corporate Compliance requirements to go beyond fraud and abuse.</p> <p><u>See Scope of Work Paragraph J Compliance and Scope of Work Paragraph I Administrative Structure and Organization 1.b.xviii.</u></p> <p>Is it ADHS' intention to require all compliance functions be within the Corporate Compliance function? <u>No.</u></p> <p>If so, please provide some additional clarification as the intent and parameters of this.</p>	<p>Scope of Work</p>
<p>Question 55</p> <p>Page 89. RE: Scope of Work Paragraph D Network Development, 9</p>	<p>Page 89 states, "... the PNO shall not subcontract or delegate the assigned case manager function to a qualified service provider."</p> <p>Is it ADHS' intention that case management services are to be provided by case managers employed by the PNOs and not at a provider agency?</p> <p><u>Please see the answer to Question 38 above.</u></p>	<p>Scope of Work</p>

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Question Number/RFP Section/Page	Question/Answers	Subject
Question 56 Page 80. RE: Scope of Work Paragraph D - Network Development, 6.a	Page 80 states, "The Contractor shall select qualified service providers to subcontract with the Contractor, The Crisis The Crisis Response Network, and the PNOs." Please clarify if it is ADHS' intention that the Contractor selects providers for the CRN and PNOs or will the CRNs and PNOs have the ability to select their own providers that meet qualifications. <u>The Crisis Response Network and the PNOs have the ability to select their qualified service providers.</u>	Scope of Work
Question 57 Page 70-71. RE: Scope of Work Paragraph D Network Development, 3.a	The Network Transition section outlines the transition stages related to services for persons with a serious mental illness, adults with GMH and SA conditions and children PNOs. There is not description and timeline for the transition of the crisis services to a Crisis Response Network. Please provide clarification on the transition timeline requirements for a Crisis Response Network. <u>The Crisis Response Network must be fully operational as of the Contract Start Date. Please also refer to the implementation dates for the Psychiatric Recovery Centers and the Detoxification Center.</u>	Scope of Work
Question 58 Page 47 Scope of Work Paragraph Covered Behavioral Health Services and Managed Care Service Delivery, 7.e	Page 47 states, "The Contractor shall require its housing subcontractor to meet the requirements listed above as well as the following requirements:... iii. Develop and maintain a semi-annual monitoring plan for all Office of Behavioral Health Licensure (OBHL) residential living programs..." The RFP does not appear to specifically state what entity (Contractor or networks) is to contract with Level II and Level III residential behavioral health services or adult foster care homes. Please clarify that the Contractor or PNOs are permitted to contract for Level II and III residential behavioral health services or adult foster care homes. <u>The PNOs are to contract for Level II and Level III residential behavioral health services or adult foster care homes.</u> If so, would It be possible to remove the requirement that the housing subcontractor specifically monitor these settings? <u>ADHS will respond to this portion of the question at a future date.</u>	Scope of Work
Question 59 Section B. Proposal Format / Attachments / p. 9	Sub-section 2. (e) is titled "Documents Submitted in Response to Request." Please confirm that this is where bidders should include attachments and other documentation required in the RFP. <u>Yes.</u>	Special Instructions
Question 60 Section J: Responding to the RFP / Page limit for open-ended text questions/ p. 14	Do we have one page to respond to each question excluding the re-statement of the question? Is there a one page limit for each sub question? <u>Yes</u>	Special Instructions
Question 61 Section K: Resources for Developing Proposal / p.15	We have obtained the data files via the secure web link. Please provide an explanation for each of the fields that are in the encounter, demographic, and grievance and appeals text files. <u>See numbers 4, 6 and 7 of Special Terms and Conditions Section E Documents Incorporated by Reference.</u>	Data Files

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	<p>In addition, where a code is present please provide a code crosswalk to explain such codes (for example in the encounter data there are codes in the Provider ID, Provider Type, Cat, Subcat, etc.)</p> <p><u>See the CIS File Layout and Specifications Manual at the following link: http://azdhs.gov/bhs/cis.pdf</u> <u>A cross walk of encounter data codes other than those in the CIS File Layout and Specifications Manual will be posted on the Maricopa County Behavioral Health Services RFP Bidder's Resource Materials page by close of business Monday January 29, 2007. A code crosswalk will not be provided for the grievance and appeal files.</u></p>	
<p>Question 62 Section K: Resources for Developing Proposal/ p. 15</p>	<p>We have obtained the data files via the secure web link and have the following questions regarding the encounter text files: Can the eligibility type be determined from the data available? If so how? If not, please provide information to determine encounters by eligibility type.</p> <p><u>The dummy IDs in the encounter file correspond to those in the enrollment file, which contains eligibility information. These files can be crosswalked to determine encounters by eligibility type.</u></p> <p>Does the data include all reimbursements made for all program types (Titled as well as Non-Titled programs?) If not, which are included in the file and which excluded?</p> <p><u>The encounter files contain all services for which encounters are submitted, including Title XIX and Non-Title XIX.</u></p> <p>Does the data include all reimbursements made for all service types? If not, which are included in the file and which excluded?</p> <p><u>The encounter files contain all services for which encounters are submitted, including Title XIX and non-Title XIX.</u></p> <p>What fee schedule was used to price or value the encounter? Was it based upon the current RBHA fee schedule or AHCCCS rates?</p> <p><u>The encounter values in the data files are the encounter values submitted by the Contractor.</u></p> <p>Are the fields titled Net Paid and Special_Net Value an indication of the reimbursement value? <u>Yes.</u></p> <p>What is the distinction between the two?</p> <p><u>Net Paid = Amount paid on fee-for-service claim or prescription. Special Net Value = Amount that the prepaid type of service encounter is valued.</u></p> <p>If they are indicative of the reimbursement value, why are the totals significantly different than the financial reported totals? For example, the encounters totaled \$209 million for FY 04, \$193 million for FY 05 and \$130 million for FY06 whereas the financial reported data totaled \$392 million for FY 04, \$440 million for FY 05 and \$496 million for FY 06. This appears to indicate that the encounter data is very incomplete. Is this the case?</p> <p><u>No.</u></p> <p>Will more encounter data be made available?</p> <p><u>No.</u></p>	<p>Data Files</p>

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	<p>If more encounter data cannot be made available can total encountered units be provided in the same format as the Financial Reporting summary which had dollars paid by service?</p> <p><u>No.</u></p>	
<p>Question 63 Section K: Resources for Developing Proposal / p. 15</p>	<p>We have obtained the data files via the secure web link and have the following questions regarding the enrollment and eligibility files: Can you provide the historical enrollment and eligibility for the DDD/ALTCS population separated by Adult and Child? Are these amounts already included in the eligibility and enrollment files? If so please state which report they are already included.</p> <p><u>DD enrollment data is included with the TXIX figures in the enrollment report.</u></p>	Data Files
<p>Question 64 Section K: Resources for Developing Proposal / p. 15</p>	<p>We have obtained the data files via the secure web link and have the following questions regarding the file titled active_06: What does the Non-ADHS administrative expense of \$2.5 million represent in this report?</p> <p><u>The Non-ADHS administrative expense of \$2.5 million represents "Investment Income Administration" of the current RBHA.</u></p>	Data Files
<p>Question 65 Section K: Resources for Developing Proposal / p. 15</p>	<p>We have obtained the data files via the secure web link and have the following questions regarding the file titled alloc_07: The last tab in this file, titled NT19_21_SUMMARY_fy04 fy05, has many cells that have #REF! in them. Could a file with the correct values in the cells be provided?</p> <p><u>ADHS is reposting the file to the Maricopa County Behavioral Health Services RFP Databook secure web page with the last tab removed as the information in the tab is no longer reported. The reposting will be complete by close of business Monday January 29, 2007.</u></p>	Data Files
<p>Question 66 Section K: Resources for Developing Proposal / p. 15</p>	<p>Can you please provide the most recent submitted monthly financial report as required of the current RBHA per the financial reporting guide?</p> <p><u>No.</u></p> <p>Can you please provide the quarterly financial report for the period ending December 31, 2006 after it has been submitted?</p> <p><u>The most recent quarterly report is posted at the following link:</u> <u>www.azdhs.gov/bhs/finance/reports/index.htm</u></p>	Data Files
<p>Question 67 Scope of Work: Section A.2: Contractor Requirements / c. Subcontract / p. 18</p>	<p>Clarify the discrepancy between this section and section C 3.b page 33. Specifically, which services does the RBHA have to provide and manage; and which does the RBHA have to sub-contract out to providers?</p> <p><u>See the answer for Question 25 above.</u></p> <p>A.2.c.vii. Please define the scope of radiology. States that the Contractor shall be responsible for "vii. Laboratory and Radiology Services" services that will be required under this contract. Which populations are eligible for these services?</p> <p><u>All populations are eligible for laboratory and radiology services.</u></p>	Scope of Work

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Question 68 Scope of Work: Section A.2: Contractor Requirements / d. Crisis Response Network / p. 18	Do these requirements refer to all Maricopa County residents or just eligible members? <u>The Crisis Response Network delivers crisis services to all persons physically located in Maricopa County.</u>	Scope of Work
Scope of Work: C. Covered Behavioral Health Services and Managed Care Delivery		
Question 69 Scope of Work: Section C. 6: Integration, Collaboration, and Continuity of Care / a. Need to comply with Psychotropic Medication Initiative & Coordination with PCP / p. 36	Please provide (or direct us to) a copy of the "AHCCCS/ADHS Psychotropic Medication Initiative" cannot locate it on the Web site). <u>See ADHS/DBHS Provider Manual 4.3 6-D gives detail about the psychotropic medication initiative.</u>	Scope of Work
Question 70 Section C.7: Specific Service Components / a. Crisis Response Network / p. 40	Section C.7.a. of the RFP States that the RBHA must provide: At least four (4) Level I, Psychiatric Recovery Centers (PRC) able to assess and respond to urgent behavioral health issues. Please clarify if the requirement is to provide at least four (4) adult PRCs and one child/adolescent PRC (five PRCs in total) or at least four (4) PRCs in total, including one child/adolescent PRC. <u>The requirement is for at least four (4) Psychiatric Recovery Centers in total, at least one shall serve children and adolescents.</u>	Specific Service Components
Question 71 Section C.7: Specific Service Components / d. "Serious Mental Illness Eligibility Determination Assessments" / p. 45	Page 45, section D of the RFP reads: "The Contractor shall directly conduct eligibility assessments to determine if an adult meets the statutory criteria for serious mental illness services. The Contractor shall conduct assessments in compliance with the Serious Mental Illness Eligibility Determination Policy contained in the ADHS/DBHS Provider Manual." Does the State intend that the Contractor should conduct both the face-to-face assessments, and the evaluation for SMI determination? "Or does the State intend that the assessments be conducted by qualified service providers?" <u>See the answer for Question 26 above.</u>	Specific Service Components
Question 72 Section C. 7: Specific Service Components / i. COOL Program / p. 48	In what manner will prevention services and the COOL Program be funded? <u>See the ADHS/DBHS Provider Manual 3.19 Special Populations, the Prevention Framework and the Allocation Schedules.</u>	Specific Service Components
Question 73 Section C. 7: Specific Service Components / j. Jail Diversion / p. 49	Does the State intend to subcontract out certain functions, such as jail diversion team, and post-booking, after the transition of the SMI clinics to the PNO's? <u>See the answer for Question 25 above.</u>	Specific Service Components
Question 74 Section C.9: PNO Service Delivery Requirements for Services Delivered to Children / Children's PNO / p. 55	Is it intended that the Children' s PNOs be county-wide, similar to the adult PNOs? <u>Yes.</u>	Specific Service Components

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Question Number/RFP Section/Page	Question/Answers	Subject
Question 75 Section C.9: PNO Service Delivery Requirements for Services Delivered to Children / f.vi. Case Management / p. 59	Page 58 of the RFP states: "The Contractor shall require Children's PNOs to create and implement policies and procedures that address assignment of a case manager to each High Complexity/High Intensity Title XIX/XXI child; Does the DBHS currently have criteria to determine High Complexity/High Intensity cases, and if so, can DBHS please post a copy of these criteria to the procurement website? <u>Yes. See Maricopa County Behavioral Health Services RFP Bidder's Resource Library at http://www.azdhs.gov/bhs/rfp_2006/index.htm</u>	Specific Service Components
Question 76 Section C.11: The Substance Abuse Prevention and Treatment Performance Partnership Block Grant (SAPT) Service Delivery Requirements / p. 62	Do the profit or loss limitations applicable to the SAPT and CMHS Block Grants or is this a cost pass through? <u>The profit and loss limitations apply to Title XIX/XXI funds and all Non-Title XIX/XXI funds.</u> Does the 7.5% administrative cost percentage pool apply to these Grants? <u>Yes the 7.5% administrative cost percentage applies to all Non Title XIX/XXI funds including these Grants.</u>	Specific Service Components
Question 77 Section C.11: The Substance Abuse Prevention and Treatment Performance Partnership Block Grant (SAPT) Service Delivery Requirements / p. 62	If a new vendor assumes control of this contract, what will the role of (a) the state and (b) the current vendor be with relation to transition to the new vendor, including: Facility/physical plant; Leasing; Software; Staffing; Human resources; and Licensure <u>See Special Terms and Conditions Section M Transitions and Implementation.</u>	Specific Service Components
Scope of Work: D. Network Development		
Question 78 1Section D.2. Network Transformation / p. 69	Point f. iv reads 'two additional outpatient providers'. Please confirm that this should read 'two additional outpatient clinics' <u>Point f.iv. should read "two additional outpatient clinics".</u>	Scope of Work
Question 79 Section D.3.: Network Transition / d. Network Transition Plan / Strategies to transitional service delivery from existing direct care clinic to PNOs serving adults / p. 72	Would the existing practice management system currently in place at the direct care clinics be transitioned over and made available to the PNOs serving adults? <u>No.</u>	Scope of Work
Question 80 Section D.6: Network Management Functions / e. Provider Training / Online claims inquiry / p. 82	Will we be required to provide online claims inquiry for the PNO and subcontracted providers in the crisis network? <u>Yes.</u>	Scope of Work
Question 81 Section D. 7: Network Financing / p. 83	Section specifies that the Contractor shall not enter into contracts that place the Crisis Response Network, PNOs, and qualified service providers at significant financial risk. Please define "significant financial risk." <u>See 42 CFR 417.479 and the Balanced Budget Act a document incorporated by reference.</u>	Scope of Work

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Scope of Work: G. Management of Care

Question 82

Section G.1: Utilization Management / b. Utilization Management Process: The Contractor shall prior authorize and conduct concurrent and retrospective review of Level I psychiatric Hospital, Subacute and Residential Treatment Center (RTC) services. During the first Contract year, the Contractor shall conduct utilization review of the services delivered by PNOs and the Crisis Response Network through concurrent and retrospective review. / p. 107

What services may be authorized?

See ADHS/DBHS Provider Manual section 3.14.

The provider manual states that in addition to what is listed in the RFP, Specific Pharmacy Practices, Psychological Testing and ECT may be prior authorized. Can the Department please confirm that this is the case?

See ADHS/DBHS Provider Manual section 3.14.

The first sentence states: "The Contractor shall prior authorize and conduct concurrent and retrospective review of Level I psychiatric Hospital, Subacute and Residential Treatment Center (RTC) services." Currently, according the ADHS Provider Manual (3.14-2), authorizations are required for Level I psychiatric Hospital, Residential facilities (Level I, II, and III), specific pharmacy practices, psychological and neuropsychological testing and ECT. Will all of these services require prior and continued stay authorizations effective July 1, 2006 or just the ones stated in this sentence?

See ADHS/DBHS Provider Manual section 3.14.

The second sentence states: "During the first Contract year, the Contractor shall conduct utilization review of the services delivered by PNOs and the Crisis Response Network through concurrent and retrospective review." Taken by itself, this implies that all services delivered by the PNOs and Crisis Response Network are subject to concurrent and retrospective review (i.e. authorization). Is this the intention of the state?

No. See the entire section on Utilization Management and documents incorporated by reference for Utilization Management requirements.

The third sentence states: "In subsequent Contract years, the Contractor may also conduct prior authorization through the Crisis Response Network or PNOs for Level II and III Residential Services, and Home Care Training to Client (formerly known as Therapeutic Foster Care)." The meaning of this sentence is unclear. Does this mean that a) during the first year concurrent and retrospective authorizations are allowed for these services and in subsequent years the Contractor may also conduct prior authorizations, too; or b) concurrent and retrospective authorizations may not be performed for these levels of care in any years, but in subsequent contract years, prior authorizations may be done?

No. See ADHS/DBHS Provider Manual section 3.14.

Could the state clarify by stating specifically what services will require a prior authorization, continued stay (concurrent) authorization and retrospective authorization for first year and for subsequent years?

See ADHS/DBHS Provider Manual section 3.14.

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Question 83 Section G.5: Performance Measures / Table 1: Aspect of Performance / p. 115	Regarding the proposed performance standards, please provide the most recent level of performance data on the following: Average speed of answer for customer service line Customer service call abandonment rate Speed of answer for crisis line Crisis line abandonment rate <u>These data are not available from ADHS.</u>	Scope of Work
Question 84 Section G.5: Performance Measures / a. Quality Management and Utilization Management Reporting / ix. and Exhibit A / pages 118 and 241	Please provide examples of existing quarterly pharmacy reports for a complete understanding of components included. Is the "Quarterly Pharmacy Report" (page 118) the same as the "Pharmacy Data Report" (page 241)? If not, please provide details for both reports. <u>Yes, these reports are the same.</u>	Scope of Work
Scope of Work: M. Finance and Rates		
Question 85 Scope of Work, Item M Finance and Rates, 1.b. Non-Title XIX and Non-Title XXI Payments, page 157	Please provide the appropriations/budget if known for the Non-Title XIX/XXI funding streams, broken out by funding source for FY08. If not known, please identify if FY08 is estimated to be more than, equal to or less than the FY07 amounts by each funding source. <u>The SFY 08 appropriations/budget are not known at this time; therefore ADHS cannot estimate if amounts by each funding sources are estimated to be more than, equal to or less than the SFY 07 amounts.</u>	Scope of Work
Question 86 Section M.1.: Title XIX, Title XXI, Non-Title XIX and Non-Title XXI Payments / b. Non-Title XIX and Non-Title XXI Payments / p. 157	The last sentence of this paragraph states that "the Contractor may receive some funds according to an alternative payment schedule." What amount of payments would be subject to the alternative payment schedule and what would the alternative payment schedule entail? <u>Scope of Work Section M Finance and Rates 1.b. Non-Title XIX and Non-Title XXI Payments is amended to strike the following sentence:</u> <u>When applicable, the Contractor may receive some funds according to an alternative payment schedule.</u>	Scope of Work
Question 87 Section M. 3: Profit and Loss Corridors / p. 160	The ability to calculate the various profit and loss corridors is dependent on being able to segregate claims experience by fund source. Will the eligibility information provided to the RBHA contain information on the members eligibility category (i.e. Title XIX, vs. Title XXI, vs. DES DD ALTCS, etc.)? <u>Yes.</u>	Scope of Work

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Question 88 Section M. 3: Profit and Loss Corridors / p. 161	<p>Section outlines that there are no maximum losses for non-Title XIX/XXI funding sources. Does this mean that expenditures related to non-Title XIX/XXI are controlled so there would be limited financial risk for the Contractor? Does the unlimited loss and 4% limit on profit apply to all funding that is not Title XIX or XXI, including: Children's' Services, SMI Services (including CMHS Block Grant), Substance Abuse (including SAPT Block Grant), Prevention and Intervention, and General Mental Health?</p> <p><u>See the ADHS/DBHS Financial Reporting Guide.</u></p>	Scope of Work
Question 89 Section M.4: Recoupments / Finance / p. 162	<p>Are payments made to providers under a full risk capitation arrangement subject to the 95% encounter value threshold?</p> <p><u>Payment arrangements to providers are negotiated between the Contractor and its subcontractors.</u></p> <p>Can you provide a copy of the fee schedule used to value the encounters for purposes of reconciling to the Block Payments made by the current Contractor?</p> <p><u>No. ADHS does not have this information.</u></p> <p>What rates shall govern calculation of the compliance of the 95% encounter value threshold required of subcontractors?</p> <p><u>See the ADHS/DBHS Financial Reporting Guide.</u></p>	Scope of Work
Question 90 Section M.4: Recoupments / Pharmacy / p. 162	<p>Does the recoupment section apply to the subcontracted PBM?</p> <p><u>The Contractor and its subcontractors are subject to the recoupment provisions and requirements.</u></p> <p>If there is a difference between pharmacy spend and 95% of subcontractor's service revenue, what is done with those funds?</p> <p><u>The question is not clear and concise. Please clarify and resubmit on January 29, 2007.</u></p> <p>Are there pharmacies and/or in office prescribers that will be mandated to be included in the Pharmacy network?</p> <p><u>No.</u></p>	Scope of Work
Question 91 Section M.5: Financial Management and Reporting / p. 163	<p>Section discusses how contractor's Final Audited Financial Statements shall be used in the calculation of contractor compliance with profit/loss corridors. Does this mean that the calculation will be based exclusively on the contractor's audited results? How would changes in IBNR estimates between the completion of the audit and the twelve month after the end of the Fiscal year for final determination of the profit/loss calculation be handled (i.e. changes in estimate due to claims run out)?</p> <p><u>Please see the ADHS/DBHS Financial Reporting Guide.</u></p>	Scope of Work
Question 92 Section M. 6. Performance Bond / p. 164	<p>Section M.6 of the Scope of Work requires the contractor to maintain a performance bond during the term of the contract. Please confirm that if the contract is for multiple years the performance bond may be written for successive 1 year terms to be renewed annually by the contractor (as opposed to a single multi-year term).</p> <p><u>Please see the ADHS/DBHS Financial Reporting Guide.</u></p>	Scope of Work

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Question Number/RFP Section/Page	Question/Answers	Subject
Question 93 Section M. 6. Performance Bond / p. 164	<p>The performance bond requirement is 80% of the first months Title XIX/XXI and Non-Title XIX/XXI payment. However, the Financial Reporting Guide states 110%. Which is required?</p> <p><u>Eighty percent (80%) of the first month's payment is the amount required for the performance bond for Maricopa County.</u></p> <p>Please explain whether the term that is referred to in the following sentence applies to the length of time of the effectiveness of the LOC or the amount of the LOC "Upon approval, the Contractor may substitute an irrevocable letter of credit to meet the performance bond requirement provided the irrevocable letter of credit covers the entire fiscal year plus an additional twelve months following the fiscal year-end".</p> <p><u>The irrevocable letter of credit must cover the length of time and the amount.</u></p>	Scope of Work
Question 94 Section M.7: Financial Viability Standards / p. 165	<p>The equity requirement specified in the RFP is different than that in the current Financial Reporting Guide for Regional Behavioral Health Authorities. The Financial Reporting Guide states the \$300 per enrolled person which is consistent with the RFP, but also states 90% of one month's capitation which is not found in the RFP. Which requirement will the RBHA for Maricopa County contract be held to – the Financial Reporting Guide requirement or the RFP requirement? Does the equity per enrolled person apply to the Title XIX and XXI or also the Non Title XIX and XXI? What is the approximate number of enrolled members that is used to calculate the \$300 equity requirement?</p> <p><u>See the ADHS/DBHS Financial Reporting Guide and the Enrollment-Penetration Report. The 90% of one month's capitation relates to the minimum Capitalization Requirements, not the equity per member.</u></p>	Scope of Work
Question 95 Section M.8: Other Financial Performance Standards / b. Service Expense Percentage / p. 166	<p>Section notes that service expense percentages "may be adjusted for effective tax rate." Please explain how taxes would impact the calculation of compliance with minimum and maximum service expense requirements?</p> <p><u>Scope of Work Section M Finance and Rates 8. Other Financial Performance Standards b. Service Expense Percentage paragraph iii is amended to the following:</u></p> <p><u>Total Non-Title XIX and Non-Title XXI Service Expense divided by total Non-Title XIX and Non-Title XXI revenue shall be no less than eighty-eight point eight percent (88.8%).</u></p>	Scope of Work
Proposal Content: A. Administrative Structure and Organization		
Question 96 Section A.6 / p. 212:	<p>"Identify any entity...the Offeror intends to subcontract with for administrative or management services." Must the offeror submit subcontract information in response to this question for all nine required subcontracts as identified in Scope of Work, Introduction and Background, Contractor Requirements, #2(c) on Page 18? Or only for subcontracts in addition to the nine required by the RFP?</p> <p><u>See the definition of management services in the Definition of Terms section of the solicitation.</u></p>	Proposal Content
Question 97 Section A.6. / Organizational charts / pages 213-214	<p>The number of organizational charts requested will not fit on one page. Is there a page limit for the required charts?</p> <p><u>No.</u></p>	Proposal Content

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Proposal Content: E. Management Information Systems (MIS)

Question 98

Section E.8: Describe the Offeror's plan for ensuring that there are adequate mechanisms to send and receive data from other agencies that may be proprietary formats (e.g. DES/RSA, CPS, DD, Maricopa County) consistent with collaborative agreements. / p. 220

After review of the IGA's, ISA's and collaborative agreements, it was determined that there is no detail provided on the interfaces required. Would ADHS please clarify the data and file requirements to receive data from other agencies?

There are currently no data and file requirements to receive data from other agencies.

Proposal Content

Proposal Content: G. Finance and Rates

Question 99

Section G: Finance and Rates / p. 227

The offeror is required to choose between accepting the capitation rates as presented in Exhibit B or to accept the rates that ADHS would otherwise develop in its customary rate development process which would conclude in approximately May 2007 and would consider more recent encounter and financial data. Is the rate methodology expected to be the same process that has been used in the past (for example the Databook provided for the previous RFP) or will it change? Please explain the process.

See the Rate Setting Methodology in the Maricopa County Behavioral Health Services RFP Databook.

Proposal Content

Proposal Content: H. Service Delivery, Network Development, and Network Management

Question 100

Section H. 1..f: Network staff training program / p. 230

Does this section refer to a training plan for staff in the network department or a training plan that network staff will use for training providers?

The section relates to the training of subcontracted qualified service providers.

Proposal Content

Question 101

Section H.3: Minimum Network Requirements / p. 230

Can the State please provide a copy of the current network inventory format for use as a template in developing a response to this question?

The Offeror must complete Attachment B of the solicitation. The current network inventory format template is not required for this question.

Proposal Content

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Attachments and Exhibits		
Question 102 Attachment A: Estimated Expenditures by Percent / p. 248	<p>Please describe what is included in Medications breakout. Confirm who is responsible for pharmacy spend. For example, is the contractor responsible for: Medications supplied in the COOL program (pg 48)? <u>Yes.</u> Medications provided in the State Hospital (pg 37) or other institutions or programs? <u>No.</u> Can we confirm the Pharmacy spend for last 3 years and what the spend actually represents (i.e. net of all other fees garnered by the current RBHA)?</p> <p><u>Actual pharmacy spend can be found in the data files provided as a resource for offerors.</u></p> <p>Also does the Pharmacy spend represent in-office drug spend, detoxification drugs, and injectables?</p> <p><u>It includes all drugs for which a claim or encounter has been submitted to ADHS. See the specific procedure codes in the pharmacy data files.</u></p> <p>If so can we obtain a further break out of the Pharmacy spend?</p> <p><u>No further breakdown will be provided. See the Maricopa County Behavioral Health Services RFP Databook.</u></p>	Attachments and Exhibits
Question 103 Attachment D: Price Sheet/Fee Schedule / p. 255	<p>This item indicates that the Offeror must complete the Price Sheet (Attachment D). Does completion of Attachment D only involve identifying if the offeror is a WBE, a MBE or a small business or does Attachment D require additional information?</p> <p><u>Please complete the second page of Attachment D.</u></p>	Attachments and Exhibits
Miscellaneous		
Question 104 The Ethnicity indicator was removed from the proprietary enrollment file.	<p>Will we be receiving Ethnicity on the enrollment files on July 1?</p> <p><u>Yes.</u></p>	Miscellaneous
Question 105 We do not see a funding source or fund indicator on the enrollment file.	<p>Can we expect to get source of funds information on the enrollment file prior to program start date, July 1, 2007?</p> <p><u>The field titled "Elg Grp" contains data on eligibility category and is available in the enrollment files provided in the Maricopa County Behavioral Health Services RFP Databook.</u></p>	Miscellaneous
Question 106 Pharmacy services for Individuals with SMI	<p>Is the pharmacy expense for the seriously mentally disabled tracked separately through Medicare Part D? If so, would it be possible to review this expense?</p> <p><u>Yes. ADHS does not have access Medicare Part D's pharmacy expense.</u></p>	Miscellaneous

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Question Number/RFP Section/Page	Question/Answers	Subject
<p>Question 107 Medications at Discharge from IP levels of care</p>	<p>What existing relationships exist between hospital pharmacies and outpatient pharmacies to encourage the transition of patients from inpatient to ambulatory care?</p> <p><u>ADHS does not have this information. The Contractor must establish relationships between hospital pharmacies and outpatient pharmacies.</u></p> <p>Specifically, are inpatient pharmacies part of the outpatient pharmacy network, and do they process “take home” medications as an outpatient prescription?</p> <p><u>ADHS does not have this information. The Contractor must establish pharmacy requirements through its contracts with inpatient and outpatient providers.</u></p> <p>Are “take home” prescriptions considered part of the per diem expense or part of the outpatient pharmacy expense?</p> <p><u>The Contractor must establish pharmacy and prescription requirements through its contracts with inpatient providers.</u></p> <p>Is there an existing coordination between inpatient and outpatient drug use prescribing guidelines and formulary decisions?</p> <p><u>The Contractor must establish coordination guidelines through its contracts with inpatient and outpatient providers.</u></p>	<p>Miscellaneous</p>
<p>Question 108 Performance and Operational Requirements</p>	<p>Is it correct to assume that at the minimum, the same operational and other performance milestones, dispute resolutions, and terms and conditions will apply to any subcontractor as well as to the RBHA?</p> <p><u>Yes.</u></p>	<p>Miscellaneous</p>
<p>Question 109 Supporting Documentation: source: Statement of (Financial) Activities, ValueOptions, Year-ending 6/30/2006 (as reported to ADHS 9/28/2006) source: Statement of (Financial) Activities, ValueOptions, Year-ending 6/30/2005 (as reported to ADHS 9/28/2006) source: Statement of (Financial) Activities, ValueOptions, Year-ending 6/30/2004 (as reported to ADHS 9/28/2006) source: Statement of (Financial) Activities, ValueOptions, Year-ending 6/30/2003 (as reported to ADHS 9/28/2006)</p>	<p>The historical Medication expense consists of three subcategories: Medication Expense, Rebates and Pharmacy Related Rebate Expense. Where are dispensing fees captured and reported? Where are other administrative fees captured and reported?</p> <p><u>See the ADHS/DBHS Financial Reporting Guide.</u></p>	<p>Miscellaneous</p>